Final Abstract Number: 47.041
Session: Tuberculosis & Other Mycobacterial Infections
Date: Friday, June 15, 2012
Time: 12:45-14:15
Room: Poster & Exhibition Area

Prevalence of self-reported tuberculosis, knowledge and determinants of tuberculosis transmission in India: a national cross sectional household survey

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Background: Knowledge about Tuberculosis (TB) symptoms and transmission determines health seeking behavior and prevent TB transmission in the community. Such data helps policy makers improve Information, Education and Communication (IEC) about TB.

Methods: A secondary data analysis of India Demographic and Health Survey, 2005-06 was carried out. A representative sample of households was selected through a stratified, multistage cluster sampling strategy and trained interviewers administered the survey local languages. Questions about TB asked during the survey were used for this analysis. These include self-reported TB, modes of transmission of TB, and cure for TB. Correct knowledge without misconception about TB transmission was used as dependant variable to assess the determinants of correct knowledge. Explanatory variables were demographic data, education, wealth quintiles, frequency of exposure to media and curability of TB. Univariate and multivariate analysis was carried out using weighting factor to adjust for complex sampling design.

Results: A total 109,070 households (response rate 93.5%) and 198,718 participants (response rate 91.6%) completed the survey. Sample of men and women interviewed was 74, 360 and 124, 358 respectively. Prevalence rate of self-reported TB was 445 per 100,000 usual household residents and 4.60 per 1000 participants. Number of respondents who had "heard of an illness called Tuberculosis was 177, 423 (89.3%). Of these 47,487 (26.8%) did not know and 55.5% knew about correct mode of TB transmission i.e. 'through the air when coughing or sneezing'. Common misconceptions were TB transmission through food (32.4%), sharing utensils (18.2%), touching a person with TB (12.3%). Only 52, 617 (29.7%) participants had correct knowledge without misconceptions. Being male (OR 1.17, 95% CIs 1.14, 1.21), being a Hindu (OR 1.20, 95% CIs 1.14, 1.26) or Muslim (OR 1.26, 95% CIs 1.18, 1.34), listening to radio (OR, 1.08 95% CIs 1.04, 1.13) and 'TB can be cured' (OR 1.47, 95% CIs 1.41, 1.53) were associated with correct knowledge without misconceptions.

Conclusion: Though a majority had heard about TB, correct knowledge about TB transmission was poor and misconceptions prevailed. Among traditional mass media only listening to radio was associated with knowledge about TB transmission. IEC delivery strategies need improvement.

http://dx.doi.org/10.1016/j.ijid.2012.05.975

Final Abstract Number: 47.042
Session: Tuberculosis & Other Mycobacterial Infections
Date: Friday, June 15, 2012
Time: 12:45-14:15
Room: Poster & Exhibition Area

Imaging features of abdominal tuberculosis on multidetector CT and its mimics

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Background: Abdominal tuberculosis is endemic in developing countries and its incidence is on an increase in the western world. The involvement of gastrointestinal tract is seen in 65-78% cases of abdominal tuberculosis with ileocaecal region being the commonest site followed by colon and jejunum. The disease can mimic various gastrointestinal disorders particularly inflammatory bowel disease, colonic malignancy or other gastro-intestinal infections. MDCT (Multidetector CT) because of multiplanar imaging plays an important role in diagnosis of abdominal tuberculosis due to excellent demonstration of changes in bowel, mesentery, lymph nodes, peritoneum, omentum and solid organs.

Methods: This study was done in Dept. of Radio-diagnosis, Kasturba Medical College, Manipal between April - December 2011 where MDCT features of 23 patients with findings suspicious for Abdominal tuberculosis were evaluated. All patients underwent both plain and contrast enhanced CT (CECT). Patients with imaging features of genitourinary tuberculosis and those with HIV positive status were not included in the study.

Results: Enhancing wall thickening involving ascending colon, caecum and ileo-caecal junction with adjacent lymph nodes was the most common finding seen in 8 cases. Peritoneal involvement in the form of ascites with enhancing and thickened parietal and visceral peritoneum was noted in 5 cases. Multiple strictures involving small bowel was the next most common finding in 3 cases. Lymph nodal involvement was seen in the form of mesenteric and retro-peritoneal lymphnodes with some of them showing caseation necrosis or calcific foci in 3 cases. Hepatic lesion which was proven to be tuberculosis on histopathology was seen in 1 case. There were 2 cases with thickened small bowel wall which were confirmed to be inflammatory bowel disease on histopathology and 1 case which showed ulcero-proliferative pattern which was confirmed to be malignant.

Conclusion: There are variable imaging features of abdominal tuberculosis which are better demonstrated on MDCT**.** Although no single feature is diagnostic, a combination of imaging features when correlated with clinical and laboratory data can help in clinching the diagnosis.

http://dx.doi.org/10.1016/j.ijid.2012.05.976